

ORDER FOR SUPPLIES OR SERVICES							PAGE 1 OF				
1. CONTRACT/PURCH ORDER/AGREEMENT NO.		2. DELIVERY ORDER/CALL NO.		3. DATE OF ORDER/CALL (YYYYMMDD)		4. REQUISITION/PURCH REQUEST NO.		5. PRIORITY			
6. ISSUED BY CODE			7. ADMINISTERED BY (if other than 6) CODE			8. DELIVERY FOB					
						DESTINATION OTHER (See Schedule if other)					
9. CONTRACTOR CODE			FACILITY			10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)		11. X IF BUSINESS IS			
NAME AND ADDRESS						12. DISCOUNT TERMS		<input type="checkbox"/> SMALL			
								<input type="checkbox"/> SMALL DISADVANTAGED			
						13. MAIL INVOICES TO THE ADDRESS IN BLOCK		<input type="checkbox"/> WOMEN-OWNED			
14. SHIP TO CODE			15. PAYMENT WILL BE MADE BY CODE			MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.					
16. TYPE OF ORDER		This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.									
DELIVERY/CALL											
PURCHASE		Reference your _____ furnish the following on terms specified herein.									
		ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYYYMMDD)					
<input type="checkbox"/>		If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICES			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT			
*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA				25. TOTAL					
		By:				CONTRACTING/ORDERING		29. DIFFERENCES			
26. QUANTITY IN COLUMN 20 HAS BEEN					27. SHIP. NO.		28. D.O. VOUCHER NO.		30. INITIALS		
<input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED					<input type="checkbox"/> PARTIAL						
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					<input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.					31. PAYMENT				34. CHECK NUMBER		
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER					<input type="checkbox"/> COMPLETE				35. BILL OF LADING NO.		
					<input type="checkbox"/> PARTIAL						
					<input type="checkbox"/> FINAL						
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	